



## Managing Bowel Dysfunction

*Your health care team prepared this booklet to help you manage bowel dysfunction. Patients may have trouble with their bowel movements due to many factors including medication, disease or treatment for disease, stress, or a change in eating habits. You can, however, lessen your discomfort and control symptoms. Depending on the causes of your problems, you may be able to treat or prevent bowel irregularities. There are also self-help groups that can provide assistance to people with bowel incontinence.\* Feel free to ask your nurse for information about these groups.*

### The digestive system

To better understand bowel dysfunction, it is helpful to know how the digestive system normally works. The primary function of the digestive system is to provide the body's cells with constant nourishment.

The secondary function of the digestive system is to get rid of waste products left over from *digestion*. These two functions, providing nourishment and ridding the body of waste, are carried out by digestion, *absorption* of food and fluids, and passage of waste products from the body through the *anus*.

The digestive system comprises the mouth, esophagus, stomach, and *small* and *large* intestines (bowels). The liver, gall bladder,

and pancreas also help digest food. In the mouth, food is first broken down by chewing and the action of chemicals in the saliva called *enzymes*. Food and fluid are then pushed through the esophagus into the stomach. Enzymes secreted by the stomach, pancreas, gall bladder, and liver further break down food into its basic parts (protein, carbohydrates, fat).

Broken-down food mixes with digestive juices and is pushed through the small and large intestines. The small intestine digests and absorbs nutrients; the large intestine stores undigested food and absorbs liquid. When undigested food and waste products from digestion enter the rectum, they are pushed to the anus and secreted from the body.

### Normal bowel function

Normal *stool (feces)* is brown, soft, regularly shaped, and easy to pass from the body. Normal bowel movements (*defecations*) occur regularly in time intervals ranging from twice a day to three times a week.

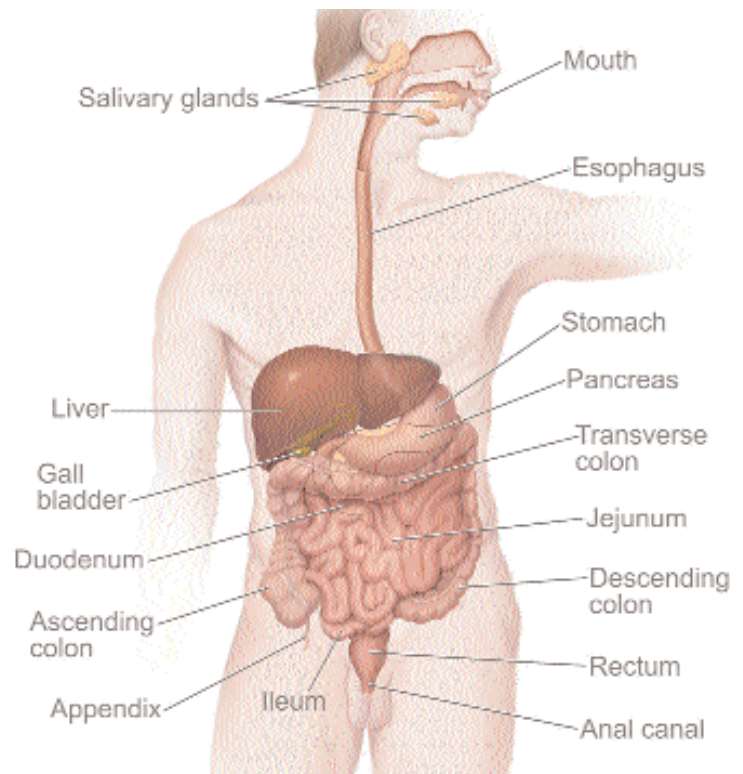
The natural pattern of bowel movements can be changed by such factors as infections, medications, and stress, as well as changes in diet, liquid intake, and exercise. Knowing about these factors may help you understand how to manage your bowel problems.

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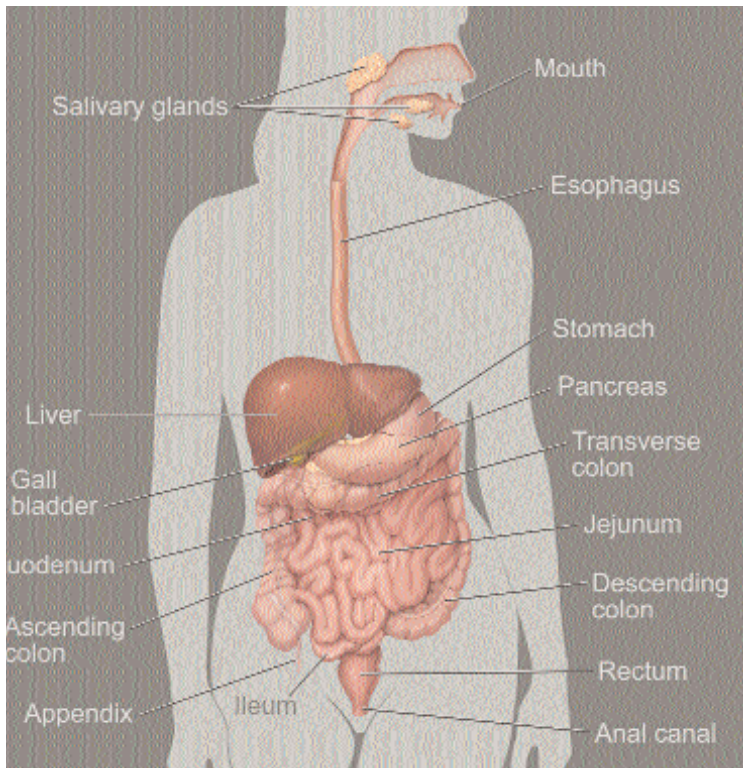
\* Words in *italics* are defined in the glossary.

## Diagnosing bowel problems

In addition to a physical examination, your doctor will want you to have certain diagnostic tests that will provide information about your gastrointestinal tract, any abnormal organs, infections, or diseases that are causing your bowel problems. Using a gloved finger coated with lubrication jelly, your doctor will give you a rectal examination and feel for any abnormality in your anal area. The following list includes tests that may be ordered by your doctor. Your doctor will request that you have only those tests that will provide the information needed to diagnose, treat, or manage your bowel problems.



The male digestive system



The female digestive system

## Radiologic or ultrasonic examination

- barium swallow
- G.I. (gastrointestinal) series with small bowel follow-through
- barium enema
- CAT scan

## Laboratory studies

- blood studies
- fecal sampling for occult blood or organisms present in the G.I. tract

## Special procedures

- sigmoidoscopy
- proctoscopy
- endoscopy
- colonoscopy

Your doctor will explain the need for each test, and your nurse will give you information on how to prepare for the test and what to expect during and after the procedure. Be sure to ask questions about anything you do not understand.

### *Fecal hemoccult blood sampling*

Your doctor may want to obtain a fecal sample to test for the presence of blood in your stool. The doctor will take this sample during a routine rectal examination and put the sample on a hemoccult slide developer. You can have test results immediately. If another fecal sample is needed, your doctor or nurse will show you how to obtain it.

If your doctor requests a stool specimen, follow these directions:

1. Collect the stool in a dry, clean container.  
This container will be given to you by your nurse.
2. A freshly passed stool is preferred. Avoid putting toilet paper in the container. Do not collect a stool specimen that has dropped into the toilet.
3. If possible, collect one entire stool (or a size of stool that fits into the container provided).
4. Refrigerate the stool if it cannot be examined right away.
5. Give the specimen to your nurse or doctor.
6. Wash your hands after having a bowel movement.

If your doctor requests a stool specimen to test for the presence of bacteria or eggs from parasites, follow these directions:

1. Collect the stool in a dry, clean container.  
This container will be given to you by your nurse.
2. Collect a freshly passed stool. Avoid putting toilet paper in the container. Do not collect a stool specimen that has dropped into the toilet.
3. If possible, collect one entire stool (or a size of stool that fits into the container provided).
4. The stool should be taken promptly to the hospital laboratory.
5. Wash your hands after having a bowel movement.

## Constipation

Sometimes, people have delayed bowel movements and develop irregular patterns for passing stool. Causes for this delay may include lack of time, travel, irregular work schedules, no privacy, drugs, poor dietary habits, or illness.

Delayed bowel movements may lead to chronic constipation. When stool remains in the bowel for a long time, it becomes hard. When the urge to have a bowel movement comes, straining, rectal pressure, and abdominal fullness are felt. Hardened stool is usually dark and difficult to pass.

Constipation may be prevented by establishing a routine for your body that will produce regularity and maintain a general feeling of well-being. To achieve regularity, this routine should be adjusted to your lifestyle. To better understand your special problems with constipation, maintain a personal stool record. Here are some guidelines to help you achieve regularity.

- The urge to defecate should not be ignored, and a specific time should be set aside every day to have a bowel movement. Such a schedule helps the body become used to producing stool regularly.

Choose a time of day when you feel relaxed and when you have the most privacy. A good time may be about 30 minutes after breakfast.

- Drink plenty of liquids (unless your doctor orders otherwise), and include bran and high-fiber foods in your diet. Avoid foods that may be constipating (see the section on dietary guidelines).
- Develop some form of exercise (for example, brisk walking or swimming).
- Avoid using a lot of laxatives and having routine enemas. Constipation may be caused by other problems, and you may want to consult your doctor if constipation persists.
- Keep a record of the pattern, amount, and characteristics of your stools. This will help you and your doctor understand the problem. If possible, try to reduce the number of daily stools to one.
- To avoid constipation or impactions, establish a regular bowel movement pattern and maintain good dietary habits. You may need to ask your doctor for advice on preventing or correcting these problems.

## Impaction

When constipation persists and stool becomes so hard that it blocks the bowel, an impaction results. If an impaction occurs, normal bowel

movements are impossible, and liquid stool may seep around the impaction.

Because an impaction can cause serious health problems, it must be removed. *Do not use laxatives or cathartics. These can seriously injure the bowel.* Your doctor may prescribe an oil-retention enema to soften the stool after which a soap suds enema is administered. If these measures do not work, the hardened stool must be removed by hand. This is done by an experienced person who, with gloved fingers, breaks up the mass and takes out the hard chunks of stool.

## The bowel training program

The following bowel training program may be helpful for people who have bowel incontinence or for those who cannot control the muscle that allows stool to pass from the body. To achieve the best results, choose the same time each day to have a bowel movement.

Begin the program by drinking a hot beverage after breakfast or another meal. About 15 minutes after breakfast, turn on your left side and insert a glycerine suppository (blunt end first). This suppository should be coated with water or a water-soluble lubricant (not Vaseline).

About 30 minutes after the suppository has been put in, sit on the toilet or use the bedpan. At this point, anal stimulation may be helpful. To do this, put on a fingercot (rubber finger cover) or glove, and gently insert a finger into the anus about  $\frac{1}{4}$  inch for about 5 to 10 seconds. Lean forward to help the bowel movement start. If this method does not work, use a suppository.



## Dietary guidelines for the person with constipation

Here are some suggestions that might help you control constipation.

1. Drink about six to eight cups of liquid each day.  
A glass of prune juice or hot lemon water taken in the morning may help you achieve regularity.
2. Include high-fiber foods in your daily diet. Fiber helps to move foods through the intestines and out of the body.
3. Gradually start a high-fiber diet to let your colon adjust and to prevent excess gas and stomach discomfort.
4. Fiber-rich foods include fruits, *cruciferous vegetables* (cabbage, broccoli, brussels sprouts, rutabagas, turnips, cauliflower), peas, dried beans, whole-grain breads and cereals (wheat, barley, oats, corn, rye), nuts, and seeds.
5. Try to eat at least three servings of raw vegetables or fruits every day. Select fruit with edible skins and seeds.
6. Choose brown rice instead of white rice; whole-grain flour instead of white flour.
7. Unprocessed bran is a dietary fiber supplement that may be added to your cereal, beverages, or baked goods to increase your fiber intake.
8. Avoid foods that normally cause constipation.
9. Consult a dietitian for recommendations **especially relevant for you.**

## Treating chronic constipation without drugs

Constipation can often be treated without medications. If these methods fail, laxatives may be used temporarily to treat constipation. Laxatives help stool pass from the colon and rectum. Some laxatives are stronger than others, and it may be best at first to use a mild, bulk-forming laxative for 1 week. Stop using this laxative when regularity returns.

If you need to take prescription laxatives, use them with caution. These laxatives may prevent your body from absorbing other drugs you are taking.

Regardless of the kind of laxative you take, check with your doctor, nurse, or pharmacist before you use any laxative.

## Diarrhea

Diarrhea is the frequent passing of liquid or unformed stool. This condition is usually accompanied by urgency and abdominal discomfort with cramps.

Acute diarrhea does not last long. The most common causes of this kind of diarrhea are chemotherapy, medication, stress, irritating foods, or gastrointestinal organisms. Symptoms usually go away in a few days or after the cause for diarrhea has been resolved.

Chronic diarrhea lasts longer than 3 days. It has such causes as intestinal surgery, digestive diseases, irritating foods (dairy products), and radiation therapy, as well as those for acute diarrhea.

## Dietary guidelines for the person with diarrhea

Here are some suggestions that may help you manage or control diarrhea.

1. Regardless of what causes diarrhea, it is very important to replace the liquids and other nutrients that are lost due to this problem. Patients with severe diarrhea may need to have fluids replaced intravenously.
2. To help prevent and lessen symptoms of acute diarrhea, drink liquids to replace lost fluids. Liquids may include broth, light soup, weak tea, noncitrus juices, water, and carbonated drinks. Carbonated drinks are better tolerated when they have lost their fizz.
3. Limit your intake of caffeine: avoid coffee, strong tea, caffeinated or carbonated drinks, and chocolate.
4. Avoid foods that are very hot or very cold. Foods of extreme temperatures may aggravate diarrhea.
5. Limit your intake of such high-fiber foods as raw fruits, vegetables, whole-grain breads, and cereals.
6. Limit your intake of sweets: avoid sugar, desserts, and candy.
7. Avoid fatty, greasy, and spicy foods. Foods should be prepared plainly.
8. Milk and milk products should be avoided if they make diarrhea worse.
9. Avoid such gas-forming foods as onions, cabbage, broccoli, cauliflower, brussels sprouts, and baked beans.

10. Eat small meals often.

11. As your symptoms lessen and you begin to feel better, gradually add bland, low-fiber foods like plain lean meats, cheese, eggs, yogurt, rice, potatoes, plain pasta, dry toast, crackers, hot cereal, canned fruits (apple sauce), and bananas.

12. Consult a dietitian for recommendations to fit your lifestyle.

Severe diarrhea may require more therapy: consult your doctor.

## Treating diarrhea without drugs

Diarrhea may be caused by many things, and treatment for diarrhea may not cure the underlying cause of this health problem. However, common diarrhea that is temporary and not caused by other physical problems is not difficult to control. Mild to moderately acute diarrhea that causes vomiting usually stops on its own.

## Treating diarrhea with prescription drugs

### *Paregoric*

Antidiarrhea drugs containing paregoric work by slowing the *peristalsis* in the small intestine and colon. Less waste is eliminated from the body, and food and fluid can be retained rather than lost through diarrhea.

Paregoric slows down the nervous system and may cause patients to be very sleepy. Since you may be taking other drugs that affect the nervous system, caution must be observed when taking paregoric.

## Treating diarrhea with nonprescription drugs

### *Polycarbophil*

This drug is an absorbent. It works by absorbing many times its weight in water. This product is used to treat diarrhea or constipation. Because excess fluid is absorbed, fewer bowel movements occur and stools become firmer. Polycarbophil is inert and does not harm the body.

### *Adsorbents*

Adsorbents treat mild diarrhea. Antidiarrhea drugs containing adsorbents are taken after each loose bowel movement until the diarrhea is controlled. If you have many episodes of diarrhea and take the drug after each one, you may be taking a lot of adsorbents into your system. Taking high doses of products containing adsorbents can cause constipation. Kaolin, pectin, and bismuth subsalts are examples of medications with adsorbents.

### *Bulking agents*

Products containing pectin, methylcellulose, or psyllium control diarrhea by expanding with water and making it harder for material to pass through the digestive tract.

### *Bacterials*

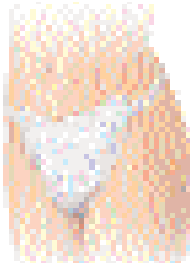
The bacteria *Lactobacillus acidophilus* are normally found in the digestive system. They are present in yogurt containing active cultures. Certain prescription drugs have a side effect of killing these bacteria, resulting in diarrhea. By taking *Lactobacillus acidophilus* tablets or granules, you can replace the bacteria lost in your digestive tract. Examples of bacterials are Bacid and Lactinex.

## Supplies and equipment to manage incontinence

Special equipment and supplies are available to help you manage incontinence. Supplies may be obtained from a local medical/surgical supply store, some drug stores, supermarkets, or discount department stores. Since various qualities and designs are available, select the brand that best suits your needs, feels comfortable, and keeps moisture away from your body while it keeps clothes dry. Such equipment as commode chairs and bedpans may be borrowed from some health care organizations, or they may be bought or rented. Here is information about the supplies available and the types of incontinence for which they are used.

Padding/diapers (to wear or to protect bed linens)

Padding must be checked every 3 to 4 hours depending on how often incontinence occurs.



undergarment



disposable underpad

Select an absorbent brand of padding or diapers that does not hold moisture against the skin.

To avoid prolonged skin exposure to irritating stool, change wet padding as soon as possible.



contoured diaper



disposable briefs

Some padding is designed specifically to wear as a disposable diaper. Other padding protects bed linens or furniture. Sometimes a diaper is adequate; at other times more padding is needed for a larger amount of incontinence at one time. We recommend using thinner padding that needs to be changed more often rather than using thicker padding that can prolong skin exposure to stool.



## External collecting devices for stool

A special fecal incontinence collector may be attached to the anal area to collect stool. It is particularly helpful for collecting soft or liquid stool. The collector may be used for short periods of time, especially if the stool is passed at a predictable time. The device sticks to the anal area with a special nonirritating adhesive. Your nurse will help you decide if this device is right for you. You will also be given directions on how to use it.

## Deodorizers

Many odor eliminators are available. Select one made specifically for biological odors (urine, *feces*, or vomitus). The deodorizer has a special ingredient to break down the bacteria or substance causing the odor. Household deodorizers work on airborne odors, but not on bodily fluids.

Follow the directions on the container for proper use.

## Skin care

People unable to control bowel movements may develop skin irritation or skin breakdown. As part of your skin care program, good hygiene and adequate skin protection can help you maintain healthy skin.

Careful attention to skin care includes taking a daily bath, with special care to the genital area and the buttocks. Both areas are exposed to stool after each incontinence. Stool that remains on the skin may cause irritation and skin breakdown. If skin break-down develops,

you will feel very uncomfortable and may develop bedsores and infections.

Many skin care products are available from medical/ surgical supply stores. There are also kits comprising three to four items that are used together to achieve the best results:

1. a liquid to cleanse
2. a cream to heal irritated skin
3. a moisture barrier to protect the skin from irritating body fluids
4. corn starch powder.

The liquid skin cleanser not only cleans but deodorizes the skin and eliminates odors caused by urine or feces. Most brands are pH balanced: they are less alkaline than most soaps and less irritating to the skin. Skin cleanser should be used after each incontinence. The cream is applied and gently massaged into the skin after the liquid cleanser has been used. The moisture barrier is then applied over this cream to protect the skin from irritating body fluids. Powder may be added to the skin care regime as needed for excessive perspiration or dampness. You may replace individual products as needed instead of replacing the whole kit.

## Recommended skin care program

- Cleanse the genital area and buttocks daily and after each incontinence. Dry the area thoroughly: pat dry, do not rub.
- Women should use liquid cleanser to wash from front to back to prevent fecal bacteria from contaminating the urinary meatus or vagina. Rinse this area well and gently dry thoroughly.

- To heal and moisturize, apply skin care cream to the entire area. Rub this cream in gently and thoroughly so that it is absorbed.
- To protect, apply a moisture barrier to the skin. Liquid barriers provide a clear protective film over the area. Ointment is a heavier lubricant that prevents stool from coming in contact with the skin. This moisture barrier is applied after the cream is rubbed in well.
- Powder may be applied to help absorb excessive moisture or to prevent friction. A small amount of powder may be sprinkled on the bedpan to prevent your skin from sticking or being damaged when you use the bedpan.
- Check the *perineal area* every 3 to 4 hours. Skin must be cleansed after each incontinence, and soiled clothing or linen must be changed.
- Skin care for the elderly incontinent patient is also important. Since sweat gland function is decreased, less frequent bathing is suggested. “Sponge baths” can be taken between tub baths. Generously apply lubricating lotion to all body surfaces. Areas exposed to incontinence may need more frequent cleansing. Pay special attention to the perineal area and buttocks: apply proper skin care items to cleanse, heal, and protect the skin.

## Coping with incontinence

Sometimes, despite your best efforts, bowel continence is not achieved. This does not mean that you have been negligent or that you have not tried hard enough. The underlying disease or disorder may not allow your bowel management program to work. Even when you try hard to control incontinence, accidents due to travel or illness may occur.

Incontinence affects your general feeling of wellness. Loss of bowel control affects not only you but family members and friends. When family members and friends accompany you on a trip or social event, they must be prepared to alter plans when accidents occur, let you have frequent bathroom stops, and help you carry incontinence supplies.

Bowel incontinence affects each patient differently. Some cope and adjust their needs, while others use humor to relieve their anxiety. Some retreat to their homes to avoid the embarrassment caused by their loss of control.

Many people find that counseling helps them cope with their embarrassment about being incontinent. If you feel the need for support or counseling, your doctor or nurse can give you information. There are self-help and support groups that work with people with incontinence. These groups offer psychological support and provide education and product information to keep people with incontinence informed about managing this condition. By learning techniques or methods to manage

incontinence, you can feel good about yourself and continue to lead your life normally.

You may want to consider the following to help you maintain your usual life-style:

- If you wear adult diapers or special padding, you may need to wear loosely fitting clothes.
- Control odor by practicing good personal hygiene.
- Have enough supplies on hand for washing up and changing clothes.
- To help avoid accidents, follow your recommended bowel management program.
- Stressful situations may cause accidents: be prepared for these times.
- Select the most appropriate garments or padding to contain stool and avoid odor and embarrassment. (Refer to the section on supplies and equipment for hints and descriptions of incontinence supplies.)

## Specialized surgical procedures for bowel dysfunctions

### Colostomy or ileostomy

Certain bowel dysfunctions are treated surgically. The surgeon may either take out the affected portion of bowel or do a more extensive procedure (fecal diversion) to divert the usual outlet for stool. If a fecal diversion is necessary in the small bowel, an ileostomy (an opening in the ileum) will be made.

A fecal diversion in the large bowel requires a colostomy (an opening in the colon). These diversions may be temporary or permanent depending on the type of dysfunction present.

If a fecal diversion is planned for you, an enterostomal therapy (ET) nurse will work with you and your nurse to prepare you for this procedure and give you tips on caring for yourself at home. A booklet on caring for your ostomy is available from the ET nurse.

### Dietary guidelines for the person with an ostomy

- Select foods carefully at first, then add one new food at a time.
- Keep a record of foods that bother you and the problems they cause. A food may disagree with you at first, but it may not present a problem after a few weeks. Food tolerances differ from person to person.
- Eat regularly. Skipping meals actually increases gas and does not eliminate it.
- Eat in a relaxed atmosphere. Emotional upsets, tension, or travel may cause bowel problems, even if you eat foods that you are used to.
- Chew foods slowly and thoroughly.
- Eat in an upright position rather than lying down.
- Eat a well-balanced diet that includes a variety of foods.

### *Foods that may contribute to diarrhea*

- raw fruits and vegetables
- highly seasoned foods
- beer (other alcoholic drinks are not common offenders)
- broccoli, spinach, green beans
- high-fiber foods

You may still develop diarrhea due to the flu or other causes.

### *Foods that may cause discomfort (gas, flatus)*

- highly seasoned foods
- beer
- onions, garlic, foods in the cabbage family (broccoli)
- nuts

### *Foods that may cause strong odors*

- asparagus
- onions
- fish, chicken, eggs
- garlic

*Note: Cranberry juice, yogurt, parsley, and buttermilk may help reduce odors.*

### *Foods that may cause blockage for the person with an ileostomy*

Be sure to add these foods to your diet one at a time on a day when you are feeling comfortable with your diet. Chew these foods

thoroughly. These foods are high in bulk and are partially or totally indigestible:

- celery
- foods with seeds or kernels (corn on the cob)
- nuts
- coleslaw
- dried fruit (raisins, figs, dates)
- coconut
- popcorn
- whole vegetables with tough skins or fibers.

Ask to be referred to a dietitian for special recommendations.

## **Taking medications safely**

- Take your medications as directed. It may be important to take drugs at specific times, such as before or after meals.

Try to take your medications at specific times during the day.

- Be sure you understand the directions on your prescriptions. The phrase “four times a day” may mean after meals and at bedtime or every 6 hours depending on the medication. If the directions are unclear, ask the doctor, pharmacist, or nurse to clarify them for you.
- If you miss several doses (two or more), do not try to make them up by taking all the doses at once. If you are concerned

about missing two or more doses, call your local doctor or pharmacist.

- You may consider using a medication reminder container to help you stay with your medication schedule. Check with your local pharmacist for more information.
- Do not stop taking your medications when you begin to feel better. This may interfere with the proper treatment of your problem, and, in some cases, may worsen your condition. Be sure your doctor is aware if you stop taking your medications for any reason.
- The NIH Clinical Center Pharmacy does not usually refill medication without a new prescription written by a Clinical Center doctor. The pharmacy can mail certain medications, but mail service requires more processing and time. If you must take medication for a long time, be sure you have enough to last until your next clinic visit, or contact your doctor about a month before your supply runs out.
- Never share your medication with someone else or take someone else's medication. Your doctor has written a prescription strictly for you that takes into account your age, weight, sex, and physical condition.
- Keep medications out of reach and sight of children. Because pockets or purses are easily accessible to children, avoid keeping drugs in such places. If possible, keep drugs in a locked cabinet. Avoid taking medication in front of small children who may try to follow your example.
- When traveling, especially by plane, keep your medications in carry-on luggage to assure easy access and to prevent the medications from being lost.
- If you are being treated by more than one doctor, make sure that each is aware of all the medications you take, including non-prescription drugs (antacids, pain relievers, laxatives) that are routinely taken. Inter-actions between prescription and nonprescription medications can produce unwanted effects. Also, make sure that every doctor you see is aware of any allergies or bad reactions you have had to any drug.
- Store your medication properly. Do not store any medication at high temperature (85 degrees Fahrenheit or greater), high humidity (bathroom cabinets), or in direct sunlight. Make sure that the name of the medicine is on every container you receive. Do not remove medication from labeled containers and place it with other medication in another container.
- When prescriptions are changed, dispose of medications no longer used, unless you are told otherwise.
- Check all medication containers for an expiration date, and dispose of medications when they are outdated. The effects of medications may be decreased or altered when they are outdated or old.



## Questions your nurse will ask you about your medication

- What is the name of your medication?
  - What dose do you take?
  - When do you take it?
  - Where will you keep your medication at home?
  - How will you remember to take it?
  - How will you know if you remembered to take your previous dose?
  - What will you do if you miss a dose?
  - Can you name the possible side effects of your medication?
  - How will you get in touch with your doctor if you have any questions about your medication?
- 

## Questions to ask yourself about your bowel function

By giving the following information about your bowel habits, you can help your nurse and doctor provide you with the best care.

### Constipation

- What is the normal pattern for your bowel movements?
- When was your last bowel movement?
- Describe your last bowel movement (color, consistency, and amount of stool passed).
- Do you allow time for having a bowel movement?
- Do you have enough privacy to have a bowel movement?
- Do you respond immediately to the urge to have a bowel movement?
- Do you have mucus in your stool?
- Do you have bright red blood in your stool, or is it dark?
- Do you have painful bowel movements?
- Do you have hemorrhoids?
- Is your constipation related to diet, stress, or a lack of exercise?

- Do you take medications for other health problems?
- Are you taking medications for constipation (laxatives, suppositories, enemas, stool softeners)?
- How much liquid do you drink a day?
- Have you seen a doctor or dietitian to help you cope with constipation?
- Do you have regular eating habits?
- Do you have difficulty chewing or swallowing?
- Do you have poorly fitting dentures or dental problems?
- Do you have abdominal pain or gas?
- Do you vomit often?

## Diarrhea

- Describe your diarrhea (color, odor, frequency of stool).
- **Do you feel tired?**
- Have you lost weight? If so, how much have you lost in the last month?
- How is your appetite?
- Has there been a change in your diet?
- Do you have bright red blood in your stool, or is it dark?
- What medications are you taking?
- How much liquid do you drink every day?
- Have you seen a nurse, doctor, or dietitian to help you deal with diarrhea?
- Have you had a problem controlling your bowels?
- Do you often pass intestinal gas?
- Have you recently had constipation or an impaction?
- How long have you had diarrhea?
- Do you have mucus in your stool?
- Do you have abdominal pain?
- Do you have food allergies (for example, to lactose in milk)?

## Glossary

### **absorption**

When digested food is taken into the blood to nourish the body.

### **anus**

The outlet of the rectum that lies in the fold between the buttocks.

### **cruciferous vegetable**

Plants of the family *Cruciferae* that include cabbage and mustard.

### **defecation**

The passage of feces (stool) from the body.

### **digestion**

Breaking down food into protein, carbohydrates, and fats.

### **duodenum**

The first part of the small intestine.

### **enzymes**

A protein, secreted by cells, that causes chemical changes in other substances. When this occurs, food is broken down by chemical actions.

### **feces, fecal matter**

The contents of a bowel movement.

### **hemorrhoids**

Swellings of the blood vessels inside or outside the rectum.

### **incontinence**

The loss of voluntary control of feces or urine.

### **large intestine**

An organ that absorbs liquid from the small intestine and stores food and waste from digestion.

### **metabolism**

The complex physical and mental processes that maintain the workings of the body.

### **perineal, perineum**

The area around the genitals and anus.

### **peristalsis**

A progressive wave-like movement that occurs involuntarily in some organs (for example, the esophagus, intestines).

### **small intestine**

An organ in the digestive tract that breaks down carbohydrates, proteins, and fats into smaller parts so that they can be absorbed and taken to the large intestine.

### **sphincter**

A muscle that controls the opening of a tube or organ (for example, the anal sphincter).

### **stool (feces)**

Waste discharged from the bowel through the anus.



2003

This information is prepared specifically for patients participating in clinical research at the Warren Grant Magnuson Clinical Center at the National Institutes of Health and is not necessarily applicable to individuals who are patients elsewhere. If you have questions about the information presented here, talk to a member of your healthcare team.

Where applicable, brand names of commercial products are provided only as illustrative examples of acceptable products, and do not imply endorsement by NIH; nor does the fact that a particular brand name product is not identified imply that such product is unsatisfactory.

National Institutes of Health  
Warren Grant Magnuson Clinical Center  
Bethesda, MD 20892

Questions about the Clinical Center?  
OCCC@nih.gov